

INTERAGENCY COORDINATING COUNCIL
COMMITTEE MINUTES

COMMITTEE OF THE WHOLE

RECORDER: Barbara Ferreira

DATE: November 29, 2001

SUMMARY OF IMPORTANT POINTS

MEMBERS PRESENT: Raymond M. Peterson, M.D., Chair; Arleen Downing, M.D, Cynthia Jaynes, DADP, Marie Kanne Poulsen, Ph.D., Martha Sanchez; Elaine Fogel Schneider, Ph.D., Cheri Schoenborn, DDS; and Mara McGrath, FRC/N-CA

INTRODUCTIONS & ANNOUNCEMENTS:

Dr. Peterson welcomed everyone to San Diego and introduced Cynthia Jaynes as the new ICC representative for the Department of Alcohol and Drug Programs. Ms. Jaynes has attended ICC meetings in the past for Gwen Aldridge, the previous DADP representative. Dr. Peterson introduced three new Community Representatives to the ICC: Kathleen Colvin, from the Rainbow Regional Family Support and Resource Network, will serve on the Public Awareness Committee; Janet Eaton, who has replaced Kathleen Callanan as the representative from the State Council on Developmental Disabilities, will serve on the Quality Assurance and Personnel and Program Standards Committee; and Kay Ryan, Executive Director of the Child Development Policy Advisory Committee (CDPAC), will serve on the Family Support Services Committee. ICC Members, Community Representatives, staff and members of the audience provided self-introductions.

Dr. Peterson acknowledged the cancellation of the September ICC meeting after the tragic events of September 11, 2001. He noted that a second packet was mailed containing the November agendas, meeting information and his message.

Cheri Schoenborn read a letter from the Department of Developmental Services announcing a call for ICC member nominations (attached). Copies of the letter and application form were distributed. The application form is also available on the Governor's website: www.governor.ca.gov. Applications should be submitted to Cliff Allenby, Director of DDS, by December 31, 2001. The Director's Office will forward all applications received to the appropriate person in the Governor's Office.

AGENDA REVISION:

The presentation from a representative of the Department of Managed Health Care (DMHC) is postponed to the January meeting in Ontario. The DMHC representative, Herb Schultz, was unable to attend the November meeting.

CHILD CARE PANEL PRESENTATION:

Marie Poulsen, Ph.D. stated that the purpose of the panel presentation is to identify and discuss current initiatives and resources in the state directed towards increasing the availability of child care for children with disabilities and to determine what activities still need to be initiated, and by whom. The goal is to contribute to the knowledge and understanding of this

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issue and recommend a course of action for the ICC and or the Lead Agency. She stated that in a recent study, 86% of child care is said to be of poor quality. Infants and toddlers are the fastest growing age group needing child care. Dr. Poulsen, who moderated the panel, introduced panel members Pamm Shaw, representing the Barriers to Inclusive Child Care Project; Arlene Downing, M.D., representing Pediatricians; Kay Ryan representing CDPAC; Carmen Padilla representing the California Children and Families Commission; Cheri Schoenborn representing state level Early Start, and Kate Warren representing parents and families. The following summarizes the presentations:

Pamm Shaw:

Ms. Shaw shared a video on inclusive child care. She also reviewed the purpose and preliminary findings of the “Barriers to Inclusive Child Care Project”. The Project identified barriers to inclusive child care for children with disabilities and other special needs and, reviewed current policies and effective practices for successful. Ms. Shaw also discussed the following:

Project Methodology: Literature was reviewed to identify effective practices and barriers. Demographic data was reviewed and focus groups including parents, child care providers and specialized service providers were conducted statewide. Surveys, questionnaires and interviews were also used to collect information.

Project Definitions: For purposes of the Project ‘children with disabilities and other special needs’ refers to children birth to 18 years of age and: 1) are protected by the American Disabilities Act; 2) are at-risk of a developmental disability as defined by the California Early Intervention Services Act; and/or 3) have, or are at risk for, a chronic physical, developmental, behavioral, or emotional condition, and who also require health or mental health related services beyond that of typically developing children (the criteria for this third category was developed by Maternal and Child Health).

Project Demographic Data Review: There are 2.7 million children aged birth to five living in California. Approximately 91,000 children birth through age are served by programs under Part B and C of the Individuals with Disabilities Education Act by DDS and CDE, which is about 2.7% of the total birth to five population in California. The National Center for Health Statistics estimate that 9.8% of children under five have disabilities. The Center for Disease Control reports that 17% of children under the age of 18 have disabilities. The younger the age category, the lower the percentage of disabilities. A Child Care Provider Survey reported that 15-17% of their birth to five population served were children with special needs. Different definitions of “disability” and “special needs” are used by these entities.

Under the Project 18 focus groups were conducted throughout the state that included 111 parents, 70 child care providers and 41 specialized services providers. Random sample phone surveys of more than 300 child care providers were also used to collect data.

Project Findings: In order to access child care, families of children with special needs reported a need for knowledge of the legal requirements and parent’s rights. It was also noted that there is a lack of information sharing across provider systems. Child care providers need to know more about specialized services and specialized service providers need to know more about child care. The lack of trained and qualified staff impacts the availability and quality of child care for children with special needs. Success was attained and the quality of child care was improved when there are specialized services provided on-site and the child care staff are

supported in caring for children with special needs. Staff turnover is also limited when this occurs. Training, technical assistance, resources, and mentoring, in addition to interagency coordination and collaboration, and system oversight were identified needs.

Arleen Downing, M.D.:

Dr. Downing discussed the health care needs of all young children and the health care and special needs of infants and toddlers with developmental disabilities. She also acknowledged the many issues working mothers face when seeking child care. The system needs to support families who use child care. Society needs to place more value on children and care givers. The American Academy of Pediatrics (AAP) has a policy that states there needs to be “universal access to good quality education and care for children birth to 5”. Quality rests on interaction between the adult care givers and children. Relationships between the child and the child care provider should be long term. There are concerns that inferior quality child care can have lasting harmful effects on language, social development, school performance and physical health. The AAP is promoting that every child should have a “medical home”. Pediatricians in general recognize that child care is very important for children and want it to be of high quality, healthy and safe, and want children with special needs to be included. Dr. Downing also acknowledged the need for training for child care providers to enable them to provide quality child care for children with disabilities. The training should be in addition to the basic health and safety issues and should address the need for good nutrition and activities that help a child develop to their full potential. She reported that in Orange County one of the Proposition 10 funded projects addresses access to health care through a child care setting.

Kay Ryan:

Ms. Ryan spoke about the subsidized child care system provided through the California Department of Education and the Department of Social Services. There are three stages for the Welfare to Work Program that provide subsidized child care for families on welfare and for those transitioning off welfare. The Governor is proposing a cut of \$24 million from the State Budget for child care provided under stage three. This means that for those families transitioning from stage two to stage three in February, they will not be eligible for ongoing child care while in stage three of the welfare to Work Program. A study presented options for continuing to serve children using the same amount of funding such as: increasing parent fees, lowering the child’s age of eligibility for child care, shorter time limits, etc. The “Women’s Caucus” held two hearings in late October on how to address the situation and for the purpose of drafting legislation. Ms. Ryan believes Government has a role in funding child care and the struggle is in the way it’s funded. Good quality child care helps children develop socially and developmentally. She believes it is a prevention issue to provide quality child care as well as an economic impact issue in retaining child care workers in the field. Ms. Ryan presented the following recommendations for the ICC to consider:

1. Advocate for development of a master plan and a comprehensive review of all child care. Look at funding child care for all children not just for the poor. A comprehensive master plan project would be for all children birth to age 14 unless they have special needs, and then it would be for children birth to age 21.
2. Look at alternative strategies for funding child care.
3. Local Early Start entities should collaborate with local child care planning councils (LPCs). The LPCs assess the child care needs in their community and can help address issues of providing child care for children with special needs.
4. Attend the CDPAC conference February 5 – 7, 2002. Twenty percent of the conference sessions are slated to address issues of inclusive child care.

Ms. Ryan also stated the ICC should follow Senate Bill 390 which is sponsored by Senator Escutia as it addresses child care.

Carmen Padilla:

Ms. Padilla presented information on the following Proposition 10 Initiatives/Projects that address the needs of children with disabilities and their families:

1. Positive Outcomes for Children with Disabilities and Other Special Needs: The State Commission has a contract with Sonoma State University, California Institute on Human Services, for the purpose of developing recommendations on how best to invest in the services and supports needed by young children with disabilities and other special needs and their families. This project is different from the Barriers to Inclusive Child Care Project as it is not limited to addressing child care needs. Three forums, including diverse stakeholders, were held by Sonoma State in order to receive input on the service gaps. A "synthesis" meeting, with representative from the forums, will be held on January 8, 2002. The final report will be presented to the Commission's Diversity Committee and the full Commission. Ms. Padilla anticipates that local commission funding and the "School Readiness Initiative" will address filling the gaps identified through the project. She stated that information regarding the Sonoma State project is on the CCFC website: www.ccfc.ca.gov.
2. School Readiness: Ms. Padilla handed out a publication of the CCFC entitled "Building Blocks" that contained information on the School Readiness Initiative. \$200 million has been allocated for this initiative over a four year period. A Request For Funding was released to the local commissions in August 2001. Local commissions are required to address collaboration with local agencies involved in services for children with disabilities in their School Readiness funding request. The funding is initially targeted at communities with schools needing improved outcomes for children. The funds will be allocated in 2002. More information is available on the CCFC web site. Proposition 10 funding has not been effected by recent budget cuts, however there is declining revenue due to the no-smoking campaigns.
3. Diversity Committee: The CCFC established a Diversity Committee to demonstrate its commitment to children and their families from diverse populations, including children with disabilities and other special needs. Kate Warren, an ICC Community Representative, actively participates with this committee. The diversity committee developed "Principles on Equity" with four major components: Inclusive Governance and Participation, Access to Services, Legislative and Regulatory Mandates, and Results-Based Accountability (copy attached).

Cheri Schoenborn:

Ms. Schoenborn acknowledged the importance of the child care issue and thanked the panel for participating, especially Carmen Padilla as the ICC has wanted someone from the CCFC to attend ICC meetings and participate in discussions. She also acknowledged the information presented at the July 2001 COTW meeting by the CDE Child Development Division on their efforts to build capacity for child care inclusion. Much has occurred over the past few years to address this issue.

Ms. Schoenborn stated that no single agency at the state or local level has the sole responsibility or accountability for ensuring that the child care needs of children with disabilities are met. Early Start can be the glue to bring the systems together, but glue does not equal

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funding responsibility. She shared an excerpt from the Early Start State Regulations, which are found under Title 17 of the California Code of Regulations (copy attached). Section 52108 addresses the designation of services on the individualized family services plan (IFSP). The regulations are clear that child care may be indicated as a community service that the family may be referred to, but is not a required service under the California Early Intervention Services Act. A child care setting may be considered a child's "natural environment" if it is part of their "everyday routines, activities and places, and if so, could be an appropriate location for the delivery of required early intervention services.

Ms. Schoenborn shared an excerpt from Section 4685 in the Lanterman Developmental Disabilities Services Act that addresses child care (copy attached). Keeping families together and children living in their home is a very high priority for DDS. The Lanterman Act specifies that when purchasing or providing child care [day care], the regional center may pay only the cost that exceeds the cost of providing child care [day care] to a child without disabilities.

Ms. Schoenborn acknowledged the child care recommendations developed by the ICC and submitted to DDS in January 2000. Over the past year and a half, DDS has reviewed all regional center child care policies and has ensured that all address the individualized determination of service needs as opposed to setting specific hours to be offered or limitations. Early Start monitoring and record reviews also review family support. Early Start service coordinator training addresses the importance of family support. She agreed there is a need for more specialized training for child care providers. The Early Start CORE Institutes are available to child care providers. Early Start is also funding the Community College Paraprofessional Project. Currently 26 community colleges are participating and have added course work on the atypically developing child to their early childhood education curriculum. Two of the 26 community colleges offer an Early Intervention Assistant Certificate and they anticipate additional colleges will be offering this in the future. These personnel development projects are not designed to meet the training needs of child care providers, but they can be a supplement. Early Start has limited funding for personnel development. Considering the current budget crisis, and without additional resources, it becomes a matter of hydraulics: we would need to reduce spending in one area to add funds to another. She encouraged the ICC to be the forum for collaborative discussions on how to address the need for child care for the children eligible for Early Start.

Kate Warren:

Ms. Warren stated she is an advocate for child care services for children with disabilities. She acknowledged that gains have been made in the last 20 years. The findings of the Barriers to Inclusive Child Care Project acknowledge what many have said for the last 15 years. Some gains have been made and targeted training opportunities have taken place. However, the efforts are narrow in scope and often rely on short-term strategies. There needs to be projects with lasting impacts and portability throughout the State. There needs to be a partnership of multiple state agencies. The subsidized child care currently offered is only for the poor and those in the Cal Works – Welfare to Work program. There needs to be more child care opportunities provided for children with disabilities.

Ms. Warren stated DDS' response in March 2000, to the ICC's Child Care recommendations, referred to their involvement in the MAP to Inclusive Child Care project, however, that project is being phased out. She has concerns with the response that regional centers are to address child care service issues in the IFSP or individual program plan (IPP) process. Ms. Warren believes DDS should assume a more active role by acknowledging the scope of the problem,

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offering guidance to regional centers, and providing leadership on the issue in collaboration with CDE and other responsible agencies.

Ms. Warren shared three family experiences and the need to look at the problems with accessing child care from the family's prospective. The experiences included situations where child care for a child with special needs was not available or not affordable and the mother had to leave the workforce to care for her child. In all the experiences shared, the service system failed to provide supports. She believes the most vulnerable are families with a low income and non-English speaking families. Families need assistance in locating care, and help in articulating their child's needs.

There is a need to revisit the ICC's Child Care recommendations. Ms. Warren believes that until there is a statewide system of data collection to identify need and utilization of child care by families whose children have disabilities, we cannot leverage policy and financial resources. DDS needs to know how regional centers are supporting families' child care needs. Agencies need to work together and build upon Map and School Readiness. There is a high demand for training for child care providers on providing child care to children with special needs.

Public Input:

- A question was posed about the status of the CCFC Proposition 10 project to fund child care inclusion specialists. Ms. Padilla responded that there was a need for data to justify how the CCFC funds can best meet the needs of children with disabilities and their families. Therefore, they are waiting for the results of the Sonoma State project before allocating funds specifically for this purpose.
- There should be preschool for all children. Forty-two states have state funded preschool.
- There is a need for child care training and standards for providers of child care for children with special needs. Compensation for child care providers must also be competitive to retain staff in this service field.

Panel Summary:

Dr. Poulsen acknowledged the need for a shared collaborative action from both the state and local level. She also asked if each of the committees could address how the ICC can become involved. It was decided by the members that the primary agenda item for the next COTW meeting would be child care. An open discussion with the community will be held with the goal of developing recommendations for constructive and concrete ways of improving child care for children eligible for Early Start within existing resources.

FOSTER CARE RECOMMENDATIONS:

Dr. Peterson reported that he has signed a letter to DDS transmitting the ICC's recommendations on Early Start collaboration with Foster Care. The recommendations were approved by the ICC at the July 2001 meeting.

OSEP VISIT:

Cheri Schoenborn reported that the federal project officer from the Office of Special Education Programs (OSEP) would not be able to visit California in January. The visit is postponed to the Spring of 2002. As more details are confirmed, DDS will share information with the ICC. It is hoped that the visit will coincide with an ICC meeting so the project officer can attend.

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COMMITTEE AGENDA REVIEW:

Committee chairs reviewed the afternoon committee meeting agendas. All the committees were invited to view the Physician Outreach Video developed by *First Signs, Inc.* at the beginning of the afternoon committee meetings. This is an educational video produced in conjunction with the University of Medicine and Dentistry of New Jersey, the Robert Wood Johnson Medical School, and the New Jersey Center for Outreach and Services for the Autism Community, Inc.

ADJOURNMENT

With no additional business, the meeting was adjourned at 12:30 p.m.